OBSTETRICS

UNDER THE CHARGE OF

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The Use and Abuse of Castor Oil.—In the *Journal of the American Medical Association*, November 29, 1919, occurs an editorial on this subject. It must be remembered that castor oil contains an irritant substance, ricinoleic acid, which is produced by the digestion of the oil in the intestine. This excites peristalsis, causing the small intestine to empty itself into the colon in two hours, instead of in the normal eight. Castor oil contains an unsaturated fat acid which is absorbed and may be assimilated and become of food value. It is an article of diet in China. The action of castor oil is somewhat independent of the dose, and the dose is not much influenced by the age of the patient. An infant may safely have a teaspoonful or two of castor oil, although this dose will usually cause a marked result in the adult. When the oil is not entirely digested the undigested portion passes through the bowel as a lubricant, acting like petrolatum. Excessive action of castor oil is practically impossible. When, therefore, there is difficulty in giving an adult person one or two tablespoonfuls it must be remembered that satisfactory results are frequently obtained with very much smaller dose. Because of its thoroughness and reliability of action the impossibility of excessive effect and usually its lack of irritation castor oil is greatly used by pregnant women. It rarely causes intestinal griping and so is a good remedy for intestinal colic. Daily doses of castor oil have often relieved obscure abdominal pain and chronic irritation of the intestine. When intestinal obstruction is suspected castor oil is probably the least objectionable of the reliable cathartics. If a liberal dose fails to act drastic purgatives should be avoided. One of the objections to the use of this substance is the fact that in most cases it leaves the bowels sluggish after it has produced an evacuation. In chronic constipation it is one of the worst drugs. Because of its soothing qualities it is often the best possible substance in cases of irritant diarrhea. Doses (teaspoonful) of it produce no irritation, and when compared with magnesium sulphate and calomel castor oil seems to have the least irritating action. A dose usually acts in from four to six hours. It has a tendency to delay function of the stomach, and is best given on an empty stomach an hour before breakfast. It is possible to so refine castor oil, if it be protected from the influence of the air, that it is almost devoid of odor and taste. Such oil should be procured in bottles, used while fresh and the bottle kept carefully corked. Elastic capsules furnish an excellent medium for the administration of castor oil, 2.5 c.c. being none too much for adult persons. These capsules may be swallowed more easily if they are dipped in water for a moment just before taking, and if the patient will look down while swallowing, as he does while eating his food, the capsule will pass down more readily. Holding the head up while attempting to take pills or capsules is a frequent cause of inability

to swallow them. Two of these capsules usually give a very good result. If a much larger amount is required it is best given in the form of the so-called sandwich. Such a sandwich is prepared by placing in a small tumbler or medicine glass a layer of thick syrup of any flavor desired. The glass is inclined in such a manner as to coat its inside almost up to the rim with the syrup. The oil is poured into the center of the glass, care being taken that it does not run down the side. Over the oil is put a layer of aromatic elixir, and while the dose is being taken the edge of the glass should be placed in the lower teeth to avoid straining the oil through the teeth, as some will adhere and occasion an unpleasant taste. A newborn infant needs no disguise for castor oil. The taste sensation in the infant is not well developed at birth. When, however, the child begins to taste the oil as it grows the oil should be disguised. If possible a day's fasting is an excellent preparation for the action of castor oil in children. Some children will take oil better if it be sweetened and if aromatics are added to it. Saccharin dissolved in alcohol will sweeten castor oil very pleasantly. Aromatics may then be added which greatly improve the taste and action. It is sometimes necessary to administer castor oil without the knowledge of the patient. If the so-called tasteless oil is shaken vigorously with four times its quantity of hot milk, and if the dose be taken immediately, it is practically tasteless or has the pleasant taste of the aromatics employed. Such oil might also be given floating on hot soup. Care must be taken not to excite a prejudice against some article of food by mixing it with castor oil. Emulsification lessens the activity of this substance, probably because in this form it is too rapidly digested and assimilated. A 35 per cent. emulsion of castor oil is palatable and can readily be made. It may be flavored with tincture of vanilla. In the observation of the reviewer a child was given castor oil mixed with the yolk of a raw egg; this created such disgust for eggs that the patient, now a grown woman, has never been able to take them. Castor oil has at present a considerable reputation in inducing labor in pregnant women. There is no objection to its use, but it will often fail utterly to accomplish its purpose. It should be given at night, disguised with fruit juices, aromatics or a small quantity of whisky or brandy. The action of the oil upon the bowel is greatly enhanced by high colonic irrigation on the following morning. For the induction of labor, quinin is frequently given with castor oil, and then it may be difficult to determine if labor begins which drug has been efficient. In pregnancy, in the puerperal state, the administration of castor oil repeatedly tends to make the bowel sluggish and hence for habitual action is not to be preferred. Compound licorice powder is agreeable to most persons and produces a better result nor does it in the pregnant person seem to lose its effect. Castor oil is employed by some as an application to the nipple of the pregnant woman to prepare the nipples for nursing. It may be combined with some substance which is astringent and castor oil and bismuth is a combination considerably used.

Premonitory Signs of Eclampsia.—Van Cauwenvenge (*Revue franc. de gynec. d'obst.*, August, 1919) believes that eclampsia may be imminent in a patient whose urine is apparently normal. There will, however, have been digestive disturbances in such a patient, and frequently

intractable vomiting. It may be necessary to bleed such patients, for if the woman comes into labor she should be allowed to lose a reasonable quantity of blood. Pituitary extract should be avoided in the management of these cases. In one of five recent cases of eclampsia a primipara of eighteen had no symptoms whatever except a little pain in the stomach when eclampsia developed. In one, except for two periods of vomiting, one early and one late in pregnancy, the conditions were normal, but the patient died in convulsions. Another patient had inertia of the uterus, accompanied by frequent vomiting, and was given pituitrin. The delivery was rapid, but the uterus kept contracting for forty-eight hours after labor, and there was scarcely any of the normal blood loss. Thirteen hours later cramps developed in the stomach, followed in four hours by convulsions and coma, but the woman recovered. In two previous pregnancies she had vomiting, but no eclampsia. In her last delivery the pituitary extract had locked up the uterus so that the usual loss of blood did not occur, thus producing congestion, and the accumulation of poisoned blood had produced eclampsia. Very probably the immediate factor in this result was the intense uterine contractions which the patient had. In the fifth case the patient had no albuminuria, but when labor came on there were headaches, disturbances of vision and a little edema in the feet. Expulsion was rapid and a considerable quantity of blood was lost. This persisted, but was not checked, and very soon the patient's headaches subsided and her symptoms disappeared. The writer is convinced that this hemorrhage saved her from eclampsia.

The Justo-minor Pelvis.—Danlin (*Revue franc. d. gynec. d'obst.*, August, 1919) by this term describes a pelvis that is too narrow in a patient otherwise well formed. Sometimes the type of pelvis is adult, but unusually small, or it may be funnel-shaped, of the infantile type. The hips are narrow, the measurement from crest to crest 24 or 25 cm. instead of 28, and between the spines 18 to 21 cm. These patients menstruate late and there is some disturbance of the ductless glands, and this causes a premature junction of the points of ossification, which stops the growth of the pelvis just as the premature closing of the fontanelle stops the growth of the skull. The obstetrician can usually be warned of this condition by external measurements and by the use of the roentgen ray. Induced labor should be avoided in these patients and Cesarean section at term if the conjugate diameter is 9 cm. or less is far better. If the obstetrician attempts to deliver through the vagina the use of forceps is better than version. The head should be in the oblique diameter and a pair of forceps should be chosen which fits the head well. In this type of pelvis the difficulty increases as labor proceeds.

Prolapse of the Uterus in Pregnancy.—Bernaldez (*Jour. Med. Ibra.* special number, 1919) records the case of a multipara who had suffered in her first labor a complete tear of the pelvic floor which had never been closed. She had afterward two labors. In the fourth pregnancy she had complete prolapse of the uterus. The entire womb had descended through this enormous tear, but the symptom which most distressed the patient was retention of urine. The bladder could be emptied by catheter, but the lack of support of the ligaments by the

pelvic floor was such that it was impossible to reduce the uterus. As the result of the exposure and constant irritation the cervix was deeply congested and ulcerated. The question of treatment was a difficult one. It was impossible to keep the uterus in place by the use of tampons while the pregnancy continued. As the cervix was infected it was dangerous to bring on labor. If the uterus was to be entirely removed an abdominal section was inevitable and this might cause fatal peritonitis. The patient had a spontaneous abortion, but passed out of observation and her subsequent history is unknown. In a somewhat similar case the reviewer kept the patient in bed for two months before delivery, using antiseptic solutions upon the cervix and sterile dressings. In this way the infection and inflammation largely subsided and the patient passed through a spontaneous labor successfully. She was afterward subjected to operation.

GYNECOLOGY

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Value of Smears in Diagnosis of Gonorrhea.—When dealing with inflammatory lesions of the lower genital tract it is advantageous to determine the type of infection present, but NORRIS and MICKELBERG (*Jour. Am. Med. Assn.*, 1921, lxxvi, 164) point out that during the acute stage of the gonococcal infection the diagnosis is generally made without difficulty, as the clinical signs are more or less significant; if doubt exists, film preparations can be depended on. During the chronic stage the clinical signs are less characteristic than during the acute stage and the examination of smears is also less satisfactory. The presence of gonococci can be demonstrated by film preparations from every case if a sufficient number of correctly performed examinations are made. A single negative smear examination is without significance. In such a case the chances of demonstrating gonococci are about three or five to one according to the skill of the examiner and even under the most favorable circumstances, positive film examinations can be obtained in only a relatively small proportion of cases. Unless safeguarded by the Gram stain, smear examinations are valueless and even with Gram's stain errors in diagnosis may occur since differences in the thickness of the preparations, slight overstaining or understaining, etc., may lead to extremely misleading results. Owing to the many difficulties surrounding this form of diagnosis, the authors believe that unless the test is performed by one experienced in the